

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Women Vote!			FEC IDENTIFICATION NUMBER ▼ C C00473918		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016		
Mailing Address PO Box 30084			Amount 5751.01		
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A2F3J7		
Purpose of Expenditure Mailhouse		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016		
Name of Federal Candidate Annette Taddeo			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 69284.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Moxie Media			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016		
Mailing Address PO Box 30084			Amount 11163.73		
City Seattle	State WA	Zip Code 98113-2084	Transaction ID : VN7A7A2F3K5		
Purpose of Expenditure Mailhouse		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016		
Name of Federal Candidate Joe Garcia			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 69284.19			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			16914.74		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Caroline Fines</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 08 / 22 / 2016		

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NAME OF COMMITTEE (In Full) Women Vote!		FEC IDENTIFICATION NUMBER ▼ C C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee The Pivot Group, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 22 / 2016		
Mailing Address 1720 I St NW Ste 550			Amount 8846.46		
City Washington	State DC	Zip Code 20006-3741	Transaction ID : VN7A7A2F3H9		
Purpose of Expenditure Mailhouse		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2016		
Name of Federal Candidate Val Demings		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought		47908.14	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	8846.46
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	25761.20

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
08 / 22 / 2016

Signature